

January 2022 Newsletter



MS and Oral Health

A [2012 study](#) from Spain showed that people with MS have high rates of tooth decay and periodontal (gum) disease. Oral health can be a challenge for these individuals for a number of reasons. One of the main characteristics and symptoms of MS is high levels of inflammation. Gingivitis (inflammation of the gums) and periodontal disease are more likely to occur because of this. These conditions can, in turn, lead to infection and cause MS symptoms to flare. This MS disease activity causes the release of chemicals that penetrate the gums and cause more inflammation, thus setting up a vicious cycle that, without intervention, has the potential to harm not just oral, but overall health. Other common MS symptoms, such as spasticity, weakness, tremor, facial pain and sensory changes (numbness, tingling, pain) in the hands can affect brushing and flossing. Tending to MS-related needs may not leave time for adequate dental care. Those with significant mobility impairment or fatigue may find regular dental visits too challenging.



Tips to help
make trips to
the dentist
easier!

- Ensure the office building is sufficiently accessible.
- Determine if the office has an accessible dental chair.
- Make office staff aware of any special needs ahead of time.
- Schedule the visit when energy levels are typically high.
- Rest before and after the visit.

The medications used to treat MS symptoms can also have consequences for oral health. Steroids are often used to treat MS relapses. There is [evidence](#) that these medications worsen gum disease. According to a [2017 review](#), almost all of the drugs used for MS symptom management cause dry mouth. This can lead to a multitude of dental problems. Saliva is needed to reduce plaque, stop the growth of bacteria, and wash away food debris. Without it, tooth decay and gum disease can develop. Chewing and swallowing may also be more difficult. Other side effects of MS medications include oral ulcers and swollen gums, which make it painful or even impossible to brush and floss properly.



Minimize
the effects
of dry
mouth!

- Sip water or sugarless drinks often.
- Avoid caffeine, tobacco, and alcohol.
- Use lemon to stimulate saliva production.
- Run a humidifier at night.
- Try [over-the-counter products](#) to ease dry mouth.
- Use non-alcohol based mouthwash or chew sugarless gum.

According to the American Dental Association (ADA), the general recommendations for good oral hygiene include brushing teeth twice a day with fluoride toothpaste (after breakfast and before going to sleep). It may be helpful to replace worn toothbrushes after three to four months of use. It's also important to clean



between the teeth by flossing daily. Flossing at bedtime is preferable because it removes bacteria that multiply overnight. Eating a healthy well-balanced diet without too many sugary beverages and snacks should be part of this regimen. The ADA recommends having regular dental appointments, usually every six months, for prevention and treatment of oral disease. Those experiencing bleeding gums, tooth pain or sensitivity, or jaw pain should see their dentist as soon as possible.

Ideas to make
your oral care
routine easier!

- Use a toothbrush with a **built-up handle**.
- Use an electric toothbrush or **flossing device**.
- Sit down to brush and floss. Try flossing in bed.
- Floss in the morning, if too tired at night.
- Ask someone's help to brush and floss.
- Wear a **weighted glove** while brushing to manage tremors.

Dental care is incredibly important for people with MS. Tooth decay and gum disease can impact overall health in a number of ways. They often lead to infection, which has the potential to worsen MS symptoms. Good oral hygiene also impacts one's smile and appearance, which play a role in self-esteem and enjoying social activities. In addition, when the mouth, gums, and teeth are not in good condition, eating and digesting healthy, nutritious foods becomes more challenging. It's important for people with MS (and in general) to work with their dentist to create a personalized home oral care routine to protect their oral health.



The Dental Amalgam Controversy

Dental amalgam is a mixture that includes mercury, silver, tin and copper. It has been used for silver fillings for decades, however its safety has been the subject of much debate.



Over time, small amounts of mercury vapor are released from silver fillings. How much vapor is released depends on the age of the filling and a person's habits (for example, teeth grinding). Low levels of inhaled mercury vapor are generally not considered harmful to most people. At high levels, however, mercury exposure can have toxic effects. At the center of the dental amalgam controversy are claims that exposure to the mercury vapor from silver fillings can cause a variety of health problems, ranging from joint pain to MS. Below is a sampling of studies that have been done on this contentious subject and the positions some leading MS/health organizations hold.

The International Academy of Oral Medicine and Toxicology published a [summary](#) of research that has been done on the relationship between mercury exposure and MS from 1966 to 2014. It suggests that mercury exposure from amalgam fillings (AMFs), as well as from other chronic low-grade mercury exposure, may have a potential role in the etiology of MS. Authors note that other toxic exposures likely play similar roles, which helps to explain why some MS patients do not have AMFs or other known mercury exposures.

In 1998, Canadian [researchers](#) found a possible elevated risk for MS in individuals with a large number of AMFs over a long period of time, however it was not statistically significant. Therefore, investigators concluded neither the number of, nor the duration of exposure to AMFs increase the risk of MS.

In 2001, Italian [researchers](#) also reported a trend toward a higher number of AMFs in people with MS compared to healthy controls, however the difference was not statistically significant. Investigators concluded there is no relationship between the number of or the duration of exposure to AMFs and MS.



In 2014, the National MS Society published a [dental booklet](#) that states, “There have been claims over the years that mercury leaking from amalgam dental fillings damages the immune system and causes a broad range of diseases, including MS. While the cause of MS remains unknown, there is no scientific evidence that heavy metal poisoning is responsible for either the onset or worsening of MS. There is no reason to have your dental fillings removed or replaced.”

In 2020, [investigators](#) in Taiwan looked at the association between mercury-containing AMFs and the risk of MS in 612 cases and 612 controls. Results showed no association between MS and AMFs.

In September 2020, the U.S. Food and Drug Administration (FDA) issued a [news release](#) stating that AMFs may cause health problems for some people in high-risk groups, including people with pre-existing neurological conditions, like MS. It recommends those who may be at higher risk use non-mercury alternatives, such as the composite resins. The FDA adds that individuals in high-risk groups should discuss treatment options with their dentist and analyze the benefits versus the risks of each. The FDA *does not* recommend removing or replacing an AMF if it’s in good condition, unless the removal is recommended by a healthcare professional.



ADA In September 2020, the American Dental Association (ADA) released a [statement](#) supporting the FDA guidance. The ADA maintains that dental amalgam is not harmful to the general population. According to the ADA, while the FDA cites certain groups may be at greater risk for potential negative effects from exposure to mercury, little to no information is known about the effects dental amalgam may have on these specific groups. “There was no new scientific evidence cited as part of the FDA recommendation. Patients should consult with their dentists to decide which filling material is best for them based on a number of factors, such as size and location of the cavity, patient history, cosmetic concerns and cost.” The ADA also agrees that existing AMFs in good condition should not be removed or replaced unless it is viewed as medically necessary by a health care professional.